

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213536897			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Clean Water Action</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HUBCO REGISTERED AGENT SERVICES, INC. 2331 MILL ROAD SUITE 100 ALEXANDRIA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F0304909</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1444 EYE STREET NW SUITE 400</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20005</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT WENDELGASS TITLE: PRESIDENT ADDRESS: 1444 EYE STREET NW SUITE 400 CITY/ST/ZIP/CO: WASHINGTON, DC 20005 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT WENDELGASS TITLE: PRESIDENT ADDRESS: 1444 EYE STREET NW SUITE 400 CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENT BAESLACK DIRECTOR 20 MONTVALE ST BRADFORD, MA 01835	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH DICKINSON DIRECTOR 384 HALL AVE ST PAUL, MN 55107	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GOLDSMITH DIRECTOR 1620 FEDERAL ST PHILADELPHIA, PA 19146-3014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAXINE LIPELES DIRECTOR ONE BROOKINGS DR ST LOUIS, MO 63130-4899	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MYRNA POTICHA DIRECTOR 6863 E EASTMAN AVE DENVER, CO 80224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGIE ROSWELL DIRECTOR 3443 GUILFORD TERRACE BALTIMORE, MD 21218	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURICE SAMPSON DIRECTOR 129 W GORGAS LN PHILADELPHIA, PA 19119	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIGID SHEA DIRECTOR 2604 GERAGHTY AVE AUSTIN, TX 78757	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TAYNA CARTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TAYNA CARTER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/8/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			